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## BIB DATA SHEET

CONFIRMATION NO. 5559

<b>SERIAL NUMBER</b> 10/600,044	<b>FILING or 371(c) DATE</b> 06/20/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 026436-9045-00	
<b>APPLICANTS</b> Chris H. Wood, North Bend, WA; Tanya L. Niemeyer, Seattle, WA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/11/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JOEL LAMPRECHT/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>JML</u> Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> MICHAEL BEST & FRIEDRICH LLP 100 E WISCONSIN AVENUE Suite 3300 MILWAUKEE, WI 53202 UNITED STATES					
<b>TITLE</b> System and method for adaptive medical image registration					
<b>FILING FEE RECEIVED</b> 745	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		